

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of Boiling Spring

or
Inc. Town of Edmund S.C.

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

46826

Registration District No. 31.01 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Harriett Pearl Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE BIRTH Jan 3 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Williams

(14) NAME BEFORE MARRIAGE Ferris Martin

(9) PRESENT POSTOFFICE OF FATHER Edmund S.C.

(15) PRESENT POSTOFFICE OF MOTHER Edmund S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Edmund S.C.

(18) BIRTHPLACE North S.C.

(13) OCCUPATION Pushing

(19) OCCUPATION School Teacher

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edmund S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Edmund S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness, necessary only when question 23 is signed by mark)

(27) Filed 3/9 1916 (28) P. H. Bennett Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGaw, of Columbia.